

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/533688

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
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21		1				
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25	2		/			
26	1		/			
27	1		/			
28	1		/			
29	/		/			
30		1				
31		1				
32	3		/			
33	3		/			
34	1		/			
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36	1		/			
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39	1		/			
40	1		/			
41	1		/			
42			/			
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.	5		5			
TOTAL DEP.	46		48			
TOTAL CLAIMS	51		53			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						